



125 N. Halsted #201
Chicago, IL 60661
(312) 559-8445
(877) RISING4
TID #: 36-4276352

RHODE ISLAND WC FEE SCHEDULE HARDCOPY ORDER FORM

Company: _____

Attn: _____

Address: _____ Suite: _____

City: _____ State: _____ ZIP: _____

Phone: _____

QUANTITY	DESCRIPTION	COST/UNIT	AMOUNT
	2001 RI Fee Schedule Book (49.95+5.00 S&H)	\$ 54.95	
	Other Year (enter year):	\$ 54.95	
		Total Due:	

The Rhode Island Fee Schedule and other state fee schedules can be ordered in a standard electronic format. Contact us at 877-RISING4 for more information.

Fill out this form clearly and return with payment. Failure to do so will cause delays or errors in shipment. **Orders placed without a completed order form attached will be returned to the address listed on the check.**

Payment can be made with check or money order. Please make checks payable to “RISING Medical Solutions, Inc.”. The check acts as your receipt. Send payment and the order form to the address above.